



Keeping New Jersey Healthy



From the left: Director Cathy Bennett; Deputy Commissioner Dr. Arturo Brito, Commissioner O'Dowd, Deputy Commissioner Bill Conroy, and Director Eric Anderson testify before the Senate Budget Committee on April 14.

Commissioner, Senior Team Testify on Key Department Initiatives

By Mary E. O'Dowd, MPH, Commissioner
New Jersey Department of Health



In April, I testified before the first of two legislative committees about the Department's \$1.7 billion budget, which reflects our focus on transforming the healthcare system, building healthier communities and working smarter.

Nationally, our healthcare system is going through a transformation driven by an emphasis on improving care, developing population health strategies and reducing costs. New Jersey has expanded our participation in value-based purchasing initiatives, which link performance outcomes to financial rewards thus encouraging high quality and cost efficient care.

This proposed budget, which dedicates nearly \$830 million to our hospitals and FQHCs, invests in the future of our healthcare system while continuing to support our safety net. As the number of uninsured patients declines significantly, this budget focuses on right-sizing charity care subsidies. Charity care is funded at \$502 million for hospitals and over \$32 million for FQHCs. The preliminary reports for calendar year 2014 indicate uninsured visits have declined by 40%. This is due to the successful expansion of Medicaid by Governor Christie. The \$502 million in funding reflects an 87% subsidy for care provided currently, the highest subsidy rate ever provided through the program.

This allows for a reasonable transition for hospitals and gives the state the opportunity to support other programs such as investing in our healthcare workforce. The proposed budget includes more than \$127 million for Graduate Medical Education (GME), nearly a \$30 million increase from last year. This reflects the Governor's ongoing commitment to the expansion of our medical schools and hospital-based teaching programs. Since the beginning of this administration, Governor Christie has more than doubled GME funding from \$60 million to \$127.3 million. This is coupled with the Department of Human Services' initiative to invest \$45 million to increase Medicaid physician payments.

As the healthcare landscape evolves, there is an increased focus on prevention and wellness. This is critical to improving the health of our population since chronic diseases lead to 70% of all deaths and consume 83% of all healthcare spending in the United States.

Our hospital Delivery System Reform Incentive Payments—or DSRIP program — rewards hospitals for achieving improved population health outcomes that will result in better health and reduced hospital admissions. The budget dedicates \$166.6 million for DSRIP, the first hospital subsidy program in the state to align our public health and hospital quality goals in a financial incentive program.

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Top 3 Largest Areas of DOH State Funding

Healthcare Facilities

Early Intervention

Cancer

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Health Commissioner Announces Statewide Safety Campaign on the Danger of Liquid Nicotine



Children may be drawn to the colorful liquid available in hundreds of tantalizing candy and fruit flavors with names such as "vivid vanilla," "cherry crush," and "cola."

Commissioner O'Dowd is working to raise awareness of the serious health risk, particularly to young children, of liquid nicotine commonly used in e-cigarettes. With the growing popularity of e-cigarettes, accidental exposure to liquid nicotine by children has become a serious public health concern.

Nicotine, a potentially deadly toxin, is an active ingredient used at varying levels in e-cigarette liquids, which are unregulated products sold over the counter in convenience stores.

According to the Centers for Disease Control (CDC), poison centers have seen a dramatic rise in e-cigarette related calls, from one call a month in September 2010 to 215 calls a month in February 2014. More than half of the calls involved children age five and under. In New Jersey, comparable calls to the New Jersey Poison Information and Education System (NJPIES) rose from nine in 2011 to 45 in 2014. And sadly, an 18-month old toddler died in New York State last December after drinking from a container of liquid nicotine.

The liquids used to refill e-cigarettes are sold in cartridges, vials and small bottles that are not required to be childproof. One swallow can be fatal. Symptoms of liquid nicotine poisoning include vomiting, difficulty breathing, increased heart rate, and a jittery and unsteady appearance.

The goal of NJDOH's liquid nicotine poison prevention effort is to join with partners to protect the lives of children and prevent tragic and avoidable harm through public awareness and consumer protection. As part of the Commissioner's campaign, the Department is partnering with the NJ YMCA

State Alliance to conduct a poster and video contest among 6-12-year-olds at summer camps across the state. The Department is also calling on local health departments to help distribute a warning online and in the course of their routine inspections. This initiative builds on New Jersey's leadership in addressing the health risks posed by e-cigarettes.

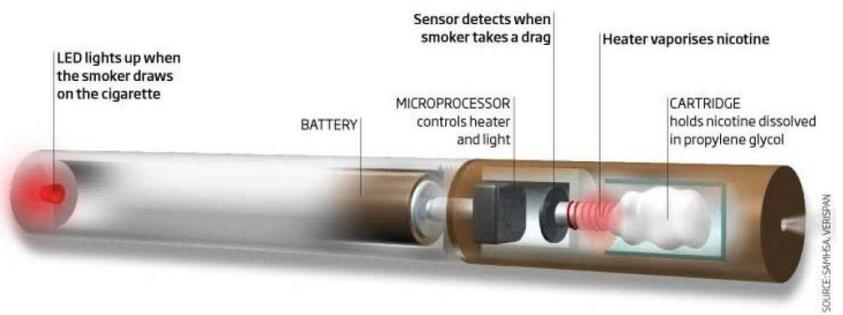
In 2010, New Jersey was the first state to include e-cigarettes as part of a comprehensive Smoke Free Air Act. This law stated that e-cigarettes may pose a health risk to persons exposed to their vapor because of substances that may be potentially toxic to inhale. That's why use of e-cigarettes was banned in public places and workplaces and the sale of e-cigarettes was banned to people 19 years and younger.

Anyone who suspects that a child has been exposed to liquid nicotine should call the NJ Poison Help Hotline at 1-800-222-1222.

To learn more about the Department's campaign and view Governor Christie's proclamation on the dangers of liquid nicotine, please visit:

<http://www.nj.gov/health/ctcp/campaign.shtml>

NEW JERSEY QUITLINE



Public Health and Environmental Labs: Looking for the Next Generation of Scientists



Scott Shone, Director of the Newborn Screening Program, gives a tour of the facility to students from Rutgers' Graduate School of Biomedical Sciences.

It's safe to say that New Jersey's Public Health and Environmental Laboratories' (PHEL) in West Trenton is a busy place.

It houses the only public health laboratory in the state. PHEL scientists conduct more than 5 million tests annually for a wide range of microbial and metabolic diseases and chemical contaminants on a variety of environmental and clinical samples.

But as critical as those duties are, staff and administration are involved in another mission - finding the next generation of scientific researchers.

New Jersey's PHEL staff has put together a series of programs designed to stimulate interest in careers for students in elementary school through graduate education. These programs range from informal tours and demonstrations for high school students to internships for college students to post-doctoral fellowships.

"The Department is committed to promoting careers in laboratory sciences, providing opportunities for new scientists and college students to gain experience in laboratory sciences. We also partner with academia and professional organizations to develop public health capabilities in New Jersey," said Christopher Rinn, Assistant Commissioner of Public Health Infrastructure, Laboratories and Emergency Preparedness (PHILEP). "The PHEL administration and staff have put together a series of programs designed to highlight the broad range of career opportunities that exist in public health."



Rutgers University Graduate School of Biomedical Sciences' students tour the laboratory.

This past March, PHEL hosted the Rutgers University Graduate School of Biomedical Sciences' doctoral students to discuss potential career options outside of academia. Two dozen students and faculty from Rutgers spent a day visiting with lab staff, touring the state-of-the-art facilities and speaking to Department scientists and researchers.

The PHEL is also developing a Career Advocacy program, conducting outreach for high school and colleges across the state. Currently, the lab hosts baccalaureate level interns from the Rutgers Edward Bloustein School of Public Policy and have conducted career days for the Rutgers Medical School's Science, Medicine and Related Topics (SMART) summer program.

In addition, the Department has two Association of Public Health Laboratories (APHL) fellows - Dr. Alyssa MacMillan, post doc from University of Pennsylvania, who will be finishing her 2- year rotation in November and Dr. Miriam Schechter, who is a PhD in Biomedical Sciences from the Icahn School of Medicine at Mount Sinai in New York. She recently started a postdoctoral program in the Department's Newborn Screening laboratory.

"Public health laboratories can offer rewarding and exciting career opportunities in a wide range of areas," said Dr. Onesia Bishop, PHEL director. "Part of our responsibility is to expose as many students as possible to these opportunities to continue this important work in protecting the health and safety of our residents."

National Minority Health Month Celebrations

April 2015

To view events held in April visit:

<http://web.doh.state.nj.us/apps2/omh/omhMonthCalendar.aspx>



On April 1, Commissioner O'Dowd presented Dr. Gaur, director of the South Asian Total Health Initiative (SATHI) with the Governor's proclamation for Minority Health Month.



Advancing Health Equity

The Department continues to work toward the goal of advancing health equity and during National Minority Health Month, we are recognizing the strides that have been made in addressing health disparities and focusing on improving the health of all New Jersey residents.

The challenge of health disparities gained national recognition in 1985 when the United States Department of Health and Human Services (HHS) released, the Secretary's Task Force on Black and Minority Health known as the Heckler report for then HHS Secretary Margaret Heckler. The report documented the existence of health disparities among racial and ethnic minorities and signaled the beginning of a nationwide effort to eliminate disparities.

In recognition of National Minority Health Month, the Department's Office of Minority and Multicultural Health (OMMH) is partnering with its grantees to salute "30 Years of Advancing Health Equity." OMMH and its grantees have hosted two regional Health Equity forums. Grantees presented their initiatives and discussed performance outcomes. They also shared information related to challenges and next steps to sustain their prevention initiative.

OMMH strives to eliminate health disparities by supporting and implementing programs designed to improve health outcomes within high risk populations by:

- ❖ Awarding grant funding to community and faith-based organizations to implement strategies designed to improve health outcomes and access for New Jersey's culturally diverse populations
- ❖ Raising community awareness and helping to enhance community capacity to identify and prevent risk factors associated with chronic illnesses such as asthma, cancer, diabetes and heart disease
- ❖ Supporting partnerships with minority-serving community and faith-based organizations that have a wellness agenda
- ❖ Raising awareness of health disparities through community events

Avoid Contact with Wild Animals Acting Aggressive

Without Rapid Treatment, Rabies is Fatal

State Public Health Veterinarian Dr. Colin T. Campbell reminds everyone to vaccinate their pets and avoid contact with stray and wild animals, especially those that appear sick or are acting aggressive because they may have rabies.

"Animals infected with rabies may act very aggressive and attempt to attack people and their pets. Anyone who sees a suspected rabid animal should avoid contact with the animal and call animal control or the local police immediately for assistance, once they are safe from attack," said Dr. Campbell.

Rabies is a deadly disease caused by a virus found in the saliva of a rabid animal and is transmitted by a bite, scratch or contact with infected saliva via exposure to an open cut or wound. Symptoms can develop anywhere from 12 days to six months after a bite. Symptoms include fever, headache, weakness, and discomfort at the site of the bite, before signs of mental impairment and encephalitis begin.

Read more at:

<http://www.nj.gov/health/news/2015/approved/20150422a.html>



On April Policy and Planning Director Cathy Bennett spoke at the DOH and American Stroke Association sponsored Stroke Summit in East Brunswick.

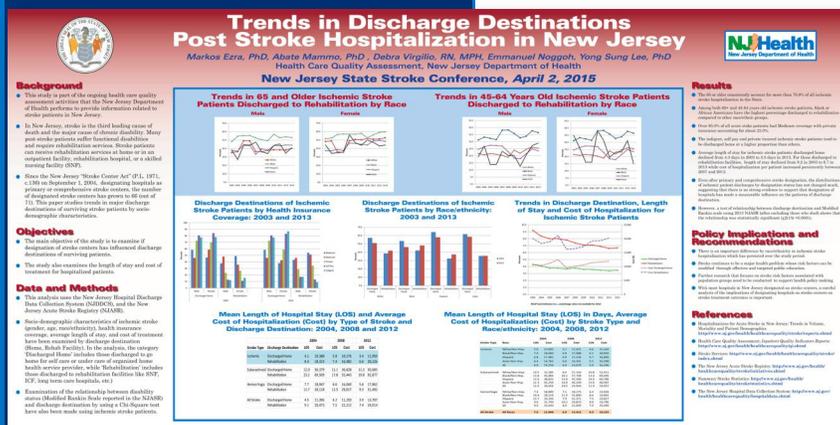
Trends in Discharge Destinations Post Stroke Hospitalization in NJ

Stroke is the third leading cause of death and a major cause of chronic disability in New Jersey. Many post-stroke patients suffer functional disabilities and require rehabilitation services. According to the National Institute of Neurological Disorders, two thirds of stroke affected people will require rehabilitation services. Stroke patients can receive rehabilitation services at home or in an outpatient facility, rehabilitation hospital, or a skilled nursing facility.

The "Stroke Center Act" was enacted on September 1, 2004 designating hospitals as primary or comprehensive stroke centers. Currently, there are 66 designated stroke centers of which 13 are Comprehensive Stroke Centers. The growth in designation of hospitals suggests some measurable influence on discharge destinations of surviving stroke patients. Staff from the Health Care Quality Assessment and the Center for Health Statistics and Informatics, Office of Policy and Strategic Planning, presented a poster entitled "Trends in Discharge Destinations Post Stroke Hospitalization in New Jersey" at the April 2, 2015 State Stroke Conference held in East Brunswick. The conference was jointly sponsored by the Department, the American Health/American Stroke Association and the NorthEastern Cerebrovascular Consortium.

The study examined whether designation of hospitals as Primary and Comprehensive Stroke Centers influenced whether patients were discharged home or to rehabilitation facilities. Unlike hemorrhagic strokes which are mainly treated at Comprehensive Stroke Centers, ischemic patients are treated in all designated hospitals. As a result, the study focused mainly on ischemic stroke patients.

Trends in major discharge destinations of acute stroke patients by social and demographic characteristics were studied to establish disparities among patient groups. The study also examined trends in average length of hospital stay and cost of treatment to establish patterns since the designation and the launching of the Acute Stroke Registry on January 1, 2010.



Highlights of findings:

- ❖ Those 65 or older consistently account for more than 70% of all ischemic stroke hospitalizations.
- ❖ Among both 65+ and 45-64 years old ischemic stroke patients, black or African Americans have the highest percentage discharged to rehabilitation compared to other race/ethnic groups.
- ❖ Over 65% of all acute stroke patients had Medicare coverage with private insurance accounting for about 23%.
- ❖ The indigent, self-pay and private insured ischemic stroke patients tend to be discharged home at a higher proportion than others.
- ❖ Average length of stay for ischemic stroke patients discharged home declined from 4.3 days in 2003 to 3.5 days in 2013. For those discharged to rehabilitation facilities, length of stay declined from 9.2 in 2003 to 6.7 in 2013 while cost of hospitalization per patient increased between 2007 and 2012.
- ❖ Even after primary and comprehensive stroke designation, the relative distribution of ischemic patient discharges by designation status has not changed appreciably.

The poster was prepared by Markos Ezra, PhD; Abate Mammo, PhD; Debra Virgilio RN, MPH; Emmanuel Noggoh and Yong Sung Lee, PhD



Commissioner O'Dowd and State Epidemiologist Dr. Tan tour Robert Wood Johnson (RWJ) University Hospital's special isolation unit with Dr. Josh Bershad and RWJ President and CEO Stephen Jones.

Health Department Leaders Tour RWJ in Support of Public Health Preparedness

In late February, Commissioner O'Dowd and State Epidemiologist Dr. Christina Tan toured Robert Wood Johnson (RWJ) University Hospital's special isolation unit, where the hospital's team would care for a patient with the Ebola virus or an individual exhibiting symptoms consistent with the virus.

Patients with Ebola symptoms and who have traveled to an Ebola-impacted country will be transferred directly from RWJ's Emergency Department to a designated area to care for these patients. Access by healthcare workers and employees to the patient will be strictly limited to a specially trained team of health care professionals assigned to care for these patients.

Patients will enter the hospital through a negative pressure decontamination room before being transferred to the designated care area, where there are two dedicated patient care rooms. In addition to the designated patient rooms, the area will feature six additional rooms to house a remote laboratory, Personal Protective Equipment (PPE) dressing rooms, storage area, break room and nurses station.

RWJ's training and protocols were put to the test earlier in the year when an individual who had a travel history to an Ebola-affected country with mild fever arrived at the academic medical center. Ultimately this patient was not diagnosed with Ebola, but the experience provided an invaluable test of the hospital's systems and response.



Robert Wood Johnson University Hospital staff practices using Personal Protective Equipment (PPE).

Recognizing Contributions of Cancer Registrars National Cancer Registrars Week April 6-10, 2015

The New Jersey State Cancer Registry (NJSCR) provides important data for cancer control and research surrounding its causes and effects on the people of New Jersey. Cancer Registrars are the backbone of this important work – collecting complex diagnostic and treatment data for every cancer patient in the state.

April 6-10, 2015 was the 19th annual National Cancer Registrars Week, which recognizes the invaluable contribution of Cancer Registrars. This year's theme – *Cancer Registrars: The Lighthouse in a Storm of Change* – reflects the challenges that Cancer Registrars face in the ever-evolving field of medicine.



Cancer registry data is used by researchers, healthcare providers, and public health officials to effectively monitor incidence, advance cancer treatments, conduct research, and improve cancer prevention and screening programs. Cancer Registrars are highly trained information specialists with expertise in oncology data. Many have dedicated their careers to broadening the understanding of cancer and helping patients to live long and productive lives throughout and beyond their disease.

"Without cancer registrars, cancer surveillance and population-based research would not be possible," remarked Antoinette Stroup, PhD, Director of the New Jersey State Cancer Registry.

Each year, the data collected by Cancer Registrars is published in reports of cancer incidence, mortality and survival at the state and national level. For more information on NJ cancer statistics, please visit <http://www.nj.gov/health/ces/index.shtml>. For more information about the NJSCR and cancer registrars visit <http://www.state.nj.us/health/ces/njsr.shtml> and <http://www.ncra-usa.org/i4a/pages/index.cfm?pageid=3876>.

Community Outreach & Events

March-April 2015



Joe Eldridge, Director of Consumer, Environmental and Occupational Health Service, and managers of the Environmental & Occupational Health Surveillance and Environmental & Occupational Health Assessments Programs met March 20 with a delegation of government officials from Hubei Province, China. The delegation learned about the work of the Occupational Health Surveillance Unit and specific practices that protect the health and safety of workers in various industries. They also learned about how the DOH team's work with occupational health and safety agencies in the state labor department.



Commissioner O'Dowd speaks to Rutgers University Eagleton Institute of Politics Fellows. Pictured with the Commissioner is Ruth Mandel, Director, Eagleton Institute of Politics.



On March 11, Deputy Commissioner Bill Conroy spoke at the Parker at Monroe Grand Opening ceremony, which is a new longterm care facility in Monroe.

- March 11** Deputy Commissioner Bill Conroy attended the Parker at Monroe Grand Opening ceremony, which is a new longterm care facility in Monroe.
- March 17** Policy and Planning Director Cathy Bennett spoke at the NJ Commission on Brain Injury Research Conference in Piscataway.
- April 1** Commissioner O'Dowd attended a Minority & Multicultural Health Month event at Rutgers RWJ Medical School in New Brunswick.
- April 6** Office of Minority and Multicultural Health Director Carolyn Daniels participated in a panel at Rutgers Robert Wood Johnson Medical School in Piscataway.
- April 8** Alison Gibson, Assistant Commissioner of the Division of Health Facilities Survey and Field Operations, was the Commencement Speaker at the NJ Action Coalition's Long-term Care Nurse Residency Program Graduation.
- April 16** Commissioner O'Dowd joined the NJ Health Care Quality Institute on National Healthcare Decisions Day for the launch of their Conversation of a Lifetime project to develop and promote a community conversation around advanced care planning.
- April 17** Commissioner O'Dowd spoke to Rutgers Eagleton fellows at the Statehouse.
- April 20** Deputy Commissioner Dr. Arturo Brito joined a panel to discuss disparities in children's health at Thomas Edison State College, Trenton.

DOH Advances in Quest for National Public Health Accreditation

Last month, the Department achieved another significant milestone in our goal to gain Public Health Accreditation in 2015 from the Public Health Accreditation Board (PHAB). PHAB is a national nonprofit organization that created a national framework of standards for local, state, territorial and tribal health departments. The process of attaining accreditation is focused on advancing our quality and performance to strengthen the Department and ensure we are well positioned to secure future federal funding.

To put it simply, the process is an exhaustive review of virtually every service that we provide. The Department has already invested two and a half years in this process, identifying best practices as well as performance gaps that need to be addressed. On March 16, the Department's accreditation team—led by Colette Lamothe-Galette and a core team of 25 staff—submitted documentation required to demonstrate that the Department meets the performance criteria in a dozen areas. A site visit by the accreditation team is the next step in the process. The Department submitted its application on June 4, 2014. We have developed continuous quality improvement training for staff and a number of projects focused on improved customer service.

As of April 2015, only eight states have had their health departments accredited: Washington, Oklahoma, Vermont, Minnesota, Florida, New York, California and Washington, D.C.

Need a communicable disease expert to speak to your group?

Visit the CDS Speakers' Bureau website at:
<http://www.state.nj.us/health/cd/speaker.shtml>
 for general information and the application form.

For a list of topics and speakers visit:
http://www.state.nj.us/health/cd/documents/speakers_bureau_marketing_packet.pdf.

Disease Experts Take Education on the Road

The Communicable Disease Service Speakers' Bureau offers expert speakers for medical education programs, conferences and other professional educational programs statewide. Senior medical and technical staff members give presentations on a wide variety of topics.

Suzanne Miro, Sr. Health Communication Specialist for Epidemiology, Environmental and Occupational Health began the Bureau in 2006 as a tracking mechanism, and developed a marketing packet for groups that apply to request speakers.

Many topics are routine, but some deal with new public health threats. Last year, 12 of the Bureau's 70 presentations dealt with Ebola.

Audiences include hospital grand rounds, school administrators, school and public health nurses, local health departments, and infection preventionists. Leading "repeat customers" are the NJ Chapters (North NJ and South NJ) of the Association for Professionals in Infection Control and Epidemiology (APIC), which invited Bureau speakers to five of its monthly meetings last year.

Some of the more popular topics include regional epidemiology planning, bioterrorism, disease reporting, immunization, antibiotic resistance, flu surveillance, and foodborne and vectorborne illness. One talk on animal shelter regulations last year drew 225 shelter managers, rescue groups, and volunteers. And nearly 700 logged on to a webinar on the ABCs of NJ's Immunization Requirements.

What's the benefit to the groups who invite the Bureau's experts to make presentations? "It helps them stay on top of current information, such as for disease outbreaks and emerging infections," Miro said.

Princeton HealthCare System Opens 7th Annual Kids Marathon

This year's Kids Marathon, sponsored by Princeton HealthCare System (PHCS) and Princeton Fitness & Wellness Centers, kicks off in mid-April, but there is still plenty of time for children in grades K through 8 to join the fun.

PHCS initiated the Kids Marathon in 2009 as a fun way for young people to incorporate physical activity into their daily lives. Obesity more than doubled in children and quadrupled in adolescents over the past 30 years, according to the Centers for Disease Control and Prevention (CDC). Regular physical activity helps children to control their weight, improve blood pressure and cholesterol levels, reduce anxiety and stress, and increase self-esteem. It may also boost academic performance, research shows.

Kids who sign up will begin marathon-related activities on their own. Participants strive to walk, run or roll 25 miles over a 10-week period from April to June, an average of 2.5 miles per week.

Any physical activity counts toward the total—sports, gym class, walking to school, even household chores. PHCS Community Education & Outreach also offers free kid-centric nutrition and exercise classes that participants can credit toward their marathon miles.

On June 27, the marathoners will come together to complete the final 1.2 miles of the marathon during a fun run at Educational Testing Service (ETS), 660 Rosedale Road, Princeton.

Parents can register their children any time before June 27 by visiting www.princetonhcs.org/kidsmarathon. The cost is \$25. Proceeds benefit PHCS programs to promote wellness and prevent obesity and chronic disease in children.





State Epidemiologist Dr. Tina Tan recognizes Infant Immunization Week with Dr. David Friedman, CEO, CHEMED/LRRC; State Senator Robert W. Singer, and Ben Heinemann, CHEMED/LRRC Board Member.

National Infant Immunization Week Highlights the Importance of Childhood Disease Protection

Annual Observance was April 18-25

Raising awareness about the importance of childhood immunizations in protecting children, families and communities, New Jersey Department of Health State Epidemiologist Dr. Tina Tan visited the Center for Health Education, Medicine, & Dentistry (CHEMED) during National Infant Immunization Week (NIIW), an annual observance held since 1994.

CHEMED, a federally qualified health center in Lakewood, is focusing on boosting immunization rates in their clinic for those children birth through age two years.

“Vaccine-preventable diseases can be especially serious for infants and young children. That is why it is important to follow the CDC-recommended immunization schedule to protect infants and children by providing immunity early in life, before they are exposed to potentially life-threatening diseases,” said New Jersey Health Commissioner Mary E. O’Dowd. “This week serves as an opportunity to celebrate the achievements of immunization programs and to raise awareness of age-appropriate immunizations.”

The Department provides access to vaccines for the uninsured and underinsured through the administration of the Vaccines for Children (VFC) Program. In 2014, the VFC program provided approximately 1.6 million doses of vaccines to providers throughout the state.

New Jersey exceeded the Healthy People 2020 target of 90 percent vaccination coverage for polio, measles-mumps-rubella (MMR), hepatitis B, and varicella in this age group.

Read more:

<http://www.nj.gov/health/news/2015/approved/20150420a.html>

Congratulations:

The CDC honored Dr. Meg Fisher, medical director of the Children’s Hospital at Monmouth Medical Center in Long Branch as NJ’s Childhood Immunization Champion.

Loving Support© Makes Breastfeeding Work for NJ WIC

Pregnant women in WIC have a friend in the USDA-funded *Loving Support©* Breastfeeding Peer Counseling program. Loving Support educates and guides pregnant and postpartum women on breastfeeding, encourages them to breastfeed as long as they can, and supports women at critical times. This helps meet a key WIC goal of improving the nutritional status of infants.

Breastfeeding peer counseling services are a core service in New Jersey WIC. NJ’s Loving Support© program recently received a 3-year grant for \$1,167,948, which is targeted specifically for this program. The Department’s NJ WIC Services distributes funds to 17 local agencies statewide, who hire and train the peer counselors.

“These are present or former WIC participants who exclusively breastfed their infants,” said WIC Breastfeeding Coordinator Florence Rotondo. “They know all the problems, and can say, ‘I’ve been there’ to the women they counsel.” For issues beyond their reach, the peer counselors refer clients to International Board Certified Lactation Consultants hired by the local agencies. Currently there are 44 peer counselors statewide. Local agencies sometimes use other WIC funds to supplement their breastfeeding grants.

Funds for breastfeeding promotion and support in WIC were first set aside in WIC’s 1989 reauthorization, and put in the 1990 grants. Since 2004, Congress has appropriated Breastfeeding Peer Counselor Funds annually for states to implement or enhance effective and comprehensive breastfeeding peer counseling programs.



The *Loving Support©* Makes Breastfeeding Work slogan was designed in 1997 for the WIC National Breastfeeding Promotion Project, which became the WIC Breastfeeding Peer Counseling Program. New Jersey was one of the ten pilot states.



Commissioner O'Dowd answers questions during the Senate Budget Committee on April 14.



On April 16, Commissioner O'Dowd joined the NJ Health Care Quality Institute on National Healthcare Decisions Day for the launch of its Conversation of a Lifetime project to develop and promote a community conversation around advanced care planning.

Commissioner's Message, *continued from page 1*

The Department is accelerating the use of HIT to address chronic disease. We have given a grant to the Trenton Health Team to use data to better manage patients with chronic disease.

The Department also recently released a toolkit to create a worksite wellness program and evaluate it for effectiveness and return on investment. Employers have a unique opportunity to impact and improve health for their workforce.

The Department provides \$65 million toward cancer research, services and treatment, which has supported great strides in the fight against cancer. The largest portion, \$28 million, is dedicated to New Jersey's only National Cancer Institute-designated Comprehensive Cancer Center—the Cancer Institute of New Jersey (CINJ), which has a profound impact on the health of our residents from a healthcare and economic perspective. A recent analysis demonstrated that for every dollar appropriated, CINJ returns \$13 in economic benefit to the state, bringing in additional federal grants, jobs and industry collaboration.

April is Autism Awareness month and we continue to work to improve programs to better serve those with Autism. We have broadened our Autism research, created a center to coordinate this work, and focused on supporting the translation of scientific knowledge into improved care. This year, we are launching an Autism Medical Home initiative, which aims to integrate primary care and specialists.

The second largest state funding item in our budget supports services for infants and toddlers up to age three who have developmental delays and disabilities including Autism. The Early Intervention Program is funded at \$154 million, a nearly \$20 million increase over last year's budget. This program is a critical part of the state's overarching effort to improve early childhood education and the quality of life for families.

On April 16, I joined the Mayors Wellness Campaign for the launch of its Conversation of a Lifetime project to develop and promote a community conversation around advanced care planning. The project will increase the number of New Jersey residents who have documented their wishes across the state.

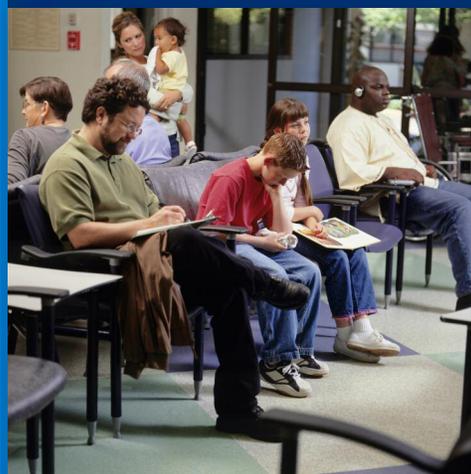
The Department has a new website on palliative and end-of-life care, which includes toolkits to help guide residents talk about end-of-life care with their loved ones. It also highlights the Practitioner Orders for Life-Sustaining Treatment (POLST) form, which empowers residents to work with their healthcare providers to document preferences for medical care. The Department and the New Jersey Hospital Association continue to educate healthcare providers about the POLST form and encourage them to take an active role in advanced care planning for their patients.

Through all these efforts the Department continues to strive to improve and protect the health of our residents.



The Governor's Official residence, Drumthwacket was lit in blue to mark World Autism Day on April 2.

The New Jersey Department of Health's 10th Annual Hospital Performance Report on the quality of care in New Jersey hospitals was recently released.



April is Autism Month

Earlier this month the Governor's Official residence, Drumthwacket, was lit in blue to mark World Autism Day on April 2 in support of the many individuals and families who are experiencing the impact of Autism Spectrum Disorder (ASD). Additionally, Governor Christie issued a [proclamation](#) declaring April as Autism Awareness Month.

Autism is the fastest growing developmental disability in the United States and now affects more than three million people. New Jersey is considered to have one of the best systems in the nation for identifying, diagnosing and documenting children with autism spectrum disorders, Governor Christie's fiscal year 2016 budget provides \$154 million for the Department of Health's Early Intervention System, which provides early identification and referral, service coordination, evaluation/assessment, and developmental early intervention services for children from birth to three with developmental delays and disabilities.

New Jersey is one of only eight states with an Autism Registry that requires reporting by neurologists, pediatricians, nurses and other autism providers so children can be referred for resources and services. Approximately, 15,000 are registered, which has heightened awareness among parents and providers of indicators for Autism Spectrum Disorders.

New Jersey is also at the forefront of supporting autism research through the Governor's Council for Medical Research and Treatment of Autism, which has provided nearly \$31 million in research grants since 2008 as well as with a Center for Excellence located at Montclair State University.

Health Care Quality Assessment: Providing Educational Programs to Healthcare Providers

The Department's [Office of Health Care Quality Assessment](#) works to improve the quality of health care in our state. As part of that effort, the program monitors and assists ambulatory surgery centers (ASCs) with reporting into the CDC's healthcare-associated infection tracking system known as the [National Healthcare Safety Network](#) (NHSN), which is required by law. The program has been assisting the ASCs with the reporting by walking staff through the process and sending detailed instructions, thus reducing their stress levels and increasing reporting compliance. The ASCs face some challenges related to reporting. Staffing levels, limited computer expertise and tech support impact reporting.

The Department also serves as a resource through consultation and presentations at academic meetings. Information on reporting into NHSN was presented at two past quarterly meetings sponsored by the New Jersey Surgery Center Coalition (SCC) and a step-by-step slide presentation was developed for their membership. Information on "Surveillance and Prevention of Surgical Site Infections" will be presented at the annual program sponsored by the Surgery Center Coalition in September 2015.

In addition to presenting educational material to ASCs, programs on infection prevention have been provided at paramedic refresher courses, Association for Professionals in Infection Prevention and Control (APIC) meetings, and the New Jersey Hospital Association's basic course for new infection preventionists. These outreach programs have reinforced the Department's commitment to ensuring excellent care is provided to the people of New Jersey.

'Cancer Matters'
Brought To You By:

RUTGERS

Cancer Institute
of New Jersey

Is a Clinical Trial Right for Me?

By Janice M. Mehnert, MD



Janice M. Mehnert, MD, is a physician scientist at Rutgers Cancer Institute of New Jersey. Dr. Mehnert is an expert in developmental therapeutics and translational clinical trials, as well as the treatment of advanced skin and soft tissue tumors. She is also an associate professor of medicine at Rutgers Robert Wood Johnson Medical School.



Has cancer touched you, or a loved one? If so, you are not alone. Approximately 51,000 New Jersey residents will be diagnosed with cancer this year. The development of new treatments begins with the process of clinical research, the key to improving the lives of those who are living with this disease. As one of the nation's 41 Comprehensive Cancer Centers as designated by the National Cancer Institute, Rutgers Cancer Institute of New Jersey maintains a strong commitment to clinical research.

Clinical trials occur in multiple phases. After a promising drug or compound is developed in the laboratory, the first step of moving information from 'bench to bedside' is an early phase clinical study, such as a phase I trial, which assesses the safety of new agents in patients. Once safety is established, phase II trials examine antitumor activity in a particular disease type. In general, phase III trials compare a new treatment to an established therapy that is already standard. Physician scientists may also obtain samples of tumor or blood as part of these studies, which can be analyzed to understand which patients are most likely to respond to new treatments and thus, improve the upfront selection of therapies to treat individual cancers.

Clinical trials usually have an element of risk that is different from standard therapy. New agents may have unpredictable side effects, and rates of cure and survival are often not known in drugs being tested in clinical studies. However, clinical trials are often offered to patients when the standard therapies that are available work very poorly, or are shown to be ineffective. In these situations, a clinical trial can potentially provide access to a promising agent that is not otherwise available to patients. Clinical trials are also important to others living with cancer, as the questions answered by these trials often move the field forward and optimize treatment approaches. Only you and your physician can decide if a clinical trial is right for you. Your healthcare team should offer a complete discussion of the risks and benefits, and the schedule of treatments should be explained in detail. Your complete medical history and list of medications will be reviewed to ensure that it is safe for you to participate. Finally, you will be given the opportunity to ask all of your questions, such as why the trial is being done and how participation is expected to impact your quality of life.

Many of the successes we enjoy in cancer therapy are the direct results of clinical trials. For instance, eight years ago, the only approved drugs to treat advanced melanoma were chemotherapy, which nearly always failed patients, and interleukin-2, which induced durable responses in only a small percentage of patients. Today, six new therapies have been FDA approved, resulting in improved patient survival and quality of life. These developments would have been impossible without a devoted community of physician scientists. However, the real heroes are the patients who inspire us daily, including those who volunteered to be part of a clinical study.

For more information on cancer clinical trials offered at Rutgers Cancer Institute of New Jersey, visit www.cinj.org/clinical-trials/clinical-trials-overview.